Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 06/02/03.

I. DISPUTE

Whether there should be reimbursement for CPT code 63030, 63030-50, 22830-51, 63030-80, 63030-50-80, 22830-51-80, 63035-50-80, 22630-51-80, and 22820-80 for date of service 06/06/02.

II. RATIONALE

- CPT code 63030. The respondent denied the services as "F- The services listed under this procedure code are included in a more comprehensive code which accurately describes the entire procedure(s) performed". The respondent failed to specify what procedure code this service should be included in, therefore the service will be reviewed per The 1996 Medical Fee Guideline. The 1996 MFG Surgery Ground Rule I. (D)(1) (a-b) states in part that the multiple reimbursement rule is: "100% of the MAR for the primary procedure, (major procedure reflecting the greatest value)" and "50% of the MAR for secondary or subsequent procedures". The major procedure reflecting the greatest value during the operative session is CPT code 22830. CPT code 63030 is the secondary or subsequent procedure during the operative session, according to the Operative Report and should be reimbursed at 50% of the MAR. Reimbursement in the amount of $1,517.50 ($3035.00 x 50%) is recommended.

- CPT code 63030-50. The respondent denied the services as "F- The services listed under this procedure code are included in a more comprehensive code which accurately describes the entire procedure(s) performed". The respondent failed to specify what procedure code this service should be included in, therefore the service will be reviewed per The 1996 Medical Fee Guideline. The 1996 MFG Surgery Ground Rule I. (D)(1) (a-b) states in part that the multiple reimbursement rule is: "100% of the MAR for the primary procedure, (major procedure reflecting the greatest value)" and "50% of the MAR for secondary or subsequent procedures". The major procedure reflecting the greatest value during the operative session, according to the Operative Report, is CPT code 22830. CPT code 63030-50 is the secondary or subsequent procedure during the operative session and should be reimbursed at 50% of the MAR. Reimbursement in the amount of $1,517.50 ($3035.00 x 50%) is recommended.

- CPT code 22830-51. The respondent denied the services as "F- The services listed under this procedure code are included in a more comprehensive code which accurately describes the entire procedure(s) performed". The respondent failed to specify what procedure code this service should be included in, therefore the service will be reviewed per The 1996 Medical Fee Guideline. The 1996 MFG Surgery Ground Rule I. (D)(1) (a-b) states in part that the multiple reimbursement rule is: "100% of the MAR for the primary procedure, (major procedure reflecting the greatest value)" and "50% of the MAR for secondary or subsequent procedures". The major procedure reflecting the greatest value during the operative session is CPT code 22830. CPT code 22830-51 is the secondary or subsequent procedure during the operative session and should be reimbursed at 50% of the MAR. Reimbursement in the amount of $1,669.00 ($3,338.00x 50%) is recommended.

- CPT code 22630-51. The respondent denied the service as "C- Paid in accordance with affordable PPO". Documentation to support a PPO payment agreement or discount was not submitted by either party, therefore the service will be reviewed per the 1996 Medical Fee Guideline. The 1996 MFG Surgery Ground Rule I. (D)(1) (a-b) states in part that the multiple reimbursement rule is: "100% of the MAR for the primary procedure, (major procedure reflecting the greatest value)" and "50% of the MAR for secondary or subsequent procedures". The major procedure reflecting the greatest value during the operative session is CPT code 22830. CPT code 22630-51 is the secondary or subsequent procedure during the operative session and should be reimbursed at 50% of the MAR. The carrier reimbursed $3300.00 for CPT code 22630-51. Additional Reimbursement is not recommended.

- CPT code 63030-80. The respondent denied the services as "F- The services listed under this procedure code are included in a more comprehensive code which accurately describes the entire procedure(s) performed". The respondent failed to specify what procedure code this service should be included in, therefore the service will be reviewed per The 1996 Medical Fee Guideline. CPT code modifier –80 represents the Assistant surgeon services. The CPT modifier (-80) description states "Documentation on the operating room record shall indicate the amount of time spent by the assistant surgeon in the operative session and the need for an assistant surgeon. Documentation shall substantiate the attendance of the assistant surgeon 70% of the time during the performance of one operative session". The Operative Report did not substantiate the attendance of the assistant surgeon 70% of the time during the performance of this operative session. Reimbursement is not recommended.

- CPT code 63030-50-80. The respondent denied the services as "F- The services listed under this procedure code are included in a more comprehensive code which accurately describes the entire procedure(s) performed". The respondent failed to specify what procedure code this service should be included in, therefore the service will be reviewed per The 1996 Medical Fee Guideline. CPT code modifier –80 represents the Assistant

surgeon services. The CPT modifier (-80) description states "Documentation on the operating room record shall indicate the amount of time spent by the assistant surgeon in the operative session and the need for an assistant surgeon. Documentation shall substantiate the attendance of the assistant surgeon 70% of the time during the performance of one operative session". The Operative Report dated 06/06/02 did not substantiate the attendance of the assistant surgeon 70% of the time during the performance of this operative session. Reimbursement is not recommended.

- CPT code 22830-51-80. The respondent denied the services as "F- The services listed under this procedure code are included in a more comprehensive code which accurately describes the entire procedure(s) performed". The respondent failed to specify what procedure code this service should be included in, therefore the service will be reviewed per The 1996 Medical Fee Guideline. CPT code modifier –80 represents the Assistant surgeon services. The CPT modifier (-80) description states "Documentation on the operating room record shall indicate the amount of time spent by the assistant surgeon in the operative session and the need for an assistant surgeon. Documentation shall substantiate the attendance of the assistant surgeon 70% of the time during the performance of one operative session". The Operative Report dated 06/06/02 did not substantiate the attendance of the assistant surgeon 70% of the time during the performance of this operative session. Reimbursement is not recommended.

- CPT code 63035-50-80. An EOB was not submitted by either party, therefore the service will be reviewed per the 1996 Medical Fee Guideline. CPT code modifier –80 represents the Assistant surgeon services. The CPT modifier (-80) description states "Documentation on the operating room record shall indicate the amount of time spent by the assistant surgeon in the operative session and the need for an assistant surgeon. Documentation shall substantiate the attendance of the assistant surgeon 70% of the time during the performance of one operative session". The Operative Report dated 06/06/02 did not substantiate the attendance of the assistant surgeon 70% of the time during the performance of this operative session. Reimbursement is not recommended.

- CPT code 22630-51-80. The respondent denied the service as "C- Paid in accordance with affordable PPO". Documentation to support a PPO payment agreement or discount was not submitted by either party, therefore the service will be reviewed per the 1996 Medical Fee Guideline. CPT code modifier –80 represents the Assistant surgeon services. The CPT modifier (-80) description states "Documentation on the operating room record shall indicate the amount of time spent by the assistant surgeon in the operative session and the need for an assistant surgeon. Documentation shall substantiate the attendance of the assistant surgeon 70% of the time during the performance of one operative session". The Operative Report dated 06/06/02 did not substantiate the attendance of the assistant surgeon 70% of the time during the performance of this operative session. Additional reimbursement is not recommended.

- CPT code 22820-80. The respondent denied the service as "F- Reimbursement is being withheld as this procedure appears to be inappropriately billed by an assistant surgeon". CPT code modifier –80 represents the Assistant surgeon services. The CPT modifier (-80) description states "Documentation on the operating room record shall indicate the amount of time spent by the assistant surgeon in the operative session and the need for an assistant surgeon. Documentation shall substantiate the attendance of the assistant surgeon 70% of the time during the performance of one operative session". The Operative Report dated 06/06/02 did not substantiate the attendance of the assistant surgeon 70% of the time during the performance of this operative session. Reimbursement is not recommended

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement in the amount of **$4,704.00.** Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **$4,704.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 25th day of March 2004.

Laura L. Campbell
Medical Dispute Resolution Officer
Medical Review Division

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

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